

Report of Contributions and Expenditures For Legislative Candidates and Officeholders (Utah Code Section 20A-11)

Name of Candidate or Officeholder Street Address and Apartment Number		Political Party	
		City	State Zip Co
Offic	e Seeking District Number	Area Code & Phone Number	Area Code & Fax Numb
)	T	ype of Report	
_	INTERIM REPORTS:	Check the appropriate box) FINAL REI	PORT:
	Seven days preceding Party Convention (Required by all candidates) Seven days preceding Primary Election	candidates a	port (Required by all nd officeholders as soon as npaign accounts)
1	(Required by all candidates) August 31		
	(Required by all candidates) Seven days before a General Election (Required by all candidates)	Yes	Is this report an amendment?
)	YEAR-END REPORT: January 10 of every year	∐ No	
>	Re	eport Verification	
	Ι,	lame of Candidate or Officeholder	
affirm that this Report of Contributions and Expenditures is true, accurate and correct to the best of my knowledge.			
<u></u>	Signature of Car	ndidate or Officeholder	Date
	To File this Form Mail, fax, or deliver to	Fo	or Office Use Only
	Lieutenant Governor's Office Utah State Capitol, Suite 220 Salt Lake City, UT 84114-2325	☐ Entered	
	Office: (801)538-1041 1-800-995-VOTE (8683)		
	Fax: (801) 538-1133		

Date Received

disclosure@utah.gov

Page	of
Candidate or Office	cholder's Last Name
Date of Report	

Summary Page (Complete this page after filling out Schedule A and Schedule B)

		Column A Total this Period	Column B Year-to-Date Total	
С	CONTRIBUTIONS RECEIVED			
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)			
E	EXPENDITURES MADE			
2	TOTAL EXPENDITURES MADE (See Schedule B)			
В	BALANCE SUMMARY			
3	Balance at Beginning of Reporting Period	•	Refer to Line 7 on	your last report
4	Total Contributions Received (From Line 1 Column A)			
5	Subtotal (Add Lines 3and 4)			
6	Total Expenditures Made (From Line 2 Column A)			
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)			

Page	of		
rage	O1		
Candidate or Officeholder's Last Name			
Date of Report			
Dute of Report			

Schedule A

Itemized Contributions Received

Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution
UBTOTAL F	FOR THIS PAGE	1	
OTAL CON	TRIBUTIONS RECEIVED (S	um of subtotals from all Schedule A pages)	

Page	of		
Candidate or Officeholder's Last Name			
Date of Report			

Schedule B

Itemized Expenditures Made

Attach additional pages if needed

Date of Expenditure	Name of Recipient	Purpose	Amount of Expenditure
SUBTOTAL FO	OR THIS PAGE		
TOTAL EXPEN	IDITUTRES MADE (Sum of sul	btotals from all Schedule B pages)	